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FILED  
10 JAN 22 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JAN 25 2010  
EXAMINER

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JAN 25 2010  
EXAMINER

100011914



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2010

DAVID E YOST  
107 E OAK ST  
HOWEY IN THE HILLS, FL 34737

SUBJECT: D AND M PAINTING LLC  
Ref. Number: W10000001194

We have received your document for D AND M PAINTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 710A00000788

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D AND M PAINTING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID E YOST  
Name of Person

D AND M PAINTING LLC  
Firm/Company

107 E OAK ST.  
Address

HOWEY IN THE HILLS FL. 34737  
City/State and Zip Code

NONE  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID E. YOST at (352) 348-7862  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAVID AND MARK CUSTOM  
~~D AND M~~ PAINTING LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

107 E. OAK ST  
HOWEY IN THE HILLS  
FL. 34737

**Mailing Address:**

107 E OAK ST  
HOWEY IN THE HILLS  
FL. 34737

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DAVID E. YOST  
Name

107 E OAK ST  
Florida street address (P.O. Box **NOT** acceptable)

HOWEY IN THE HILLS FL 34737  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

David E. Yost  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR, Co-Owner

**Name and Address:**

MARK G MANDZAK  
4404 OLA BEACH DR  
MT. DORA FL 32757

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID E. YOST  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**